

Diagnostic problems  
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Introduction

Accurate and reliable diagnosis is the main problem in any field of medicine. In orthodox medicine, diagnosis is comparatively weak. Clinical tests are not always sensitive enough to detect existing problems, and they do not take into account causality. Patients often complain of many symptoms, which are often treated in isolation from each other. Our task is to find the root or root cause of the patient's problem and their relationship with the patient's symptoms. The human body functions as a whole. Knowledge of the system of acupuncture meridians makes it possible to understand the connection between the seemingly independent symptoms.

Electro-acupuncture testing can improve diagnosis. However, we must learn to trust our results because they are not always supported by clinical studies. It is a question of the sensitivity of the methods we use.

In my article, I assume that the reader is familiar with the methods of electropuncture diagnostics according to R. Voll and the autonomic resonance test (ART).

ART

Experts familiar with ART are aware of the chain of cause and effect. Causal chains can be very complex, but they indicate where to start treatment, especially for chronic conditions with many cross-cutting symptoms. Electropuncture diagnostics according to R. Voll can provide a huge amount of information.

Indexes

Testing of Biological and Photonic indices from 1, 2, 3... until a positive test is detected. Some experts stop at the first identified index, which is undoubtedly mistaken.

It is more correct to start from index 21 and move down. This will always identify the maximum, most serious index.

By testing the method of filtration through organopreparations, it is possible to identify the relationship between the index and the organ.

There are two problems:

- a) multiple organs can be identified
- b) a chronic condition can be missed.

Hidden levels

Earlier, I presented the application of hidden levels in the light of the EAF. I believe that the measurements carried out in the EAF are not always informative enough. The body seems to be providing redundant information while hiding important data. Investigating such cases, I identified two groups: patients with a large number of high values on the points according to the EAF, but at the same time the patient feels good and came only for a planned visit; and patients with serious

clinical conditions with values at points close to the normal corridor. This situation forced us to look for ways to improve the diagnostic technique. As a result, 12 years ago, I developed a methodology for conducting EAF measurements on the MORA apparatus, which I subsequently adapted for use on the IMEDIS Center apparatus and the ART method.

1) Use a neutral point, for example, BAP with indicators for R. Voll's method is about 50 units of the scale, when the knob is in position the gain is 7.

2) The value at the point must be reproducible, about 50 units scales.

3) Set the Factor knob to position 0.

measured, the value at the point will differ from the previously measured value.

4) Gradually increasing the Coefficient, for example, with a step of 0.4, draw repeated measurement of the selected point until a stable measurement value of 50 units is reached. scales.

5) The found value of the gain indicates establishing resonance with the body. Further testing is carried out with the found gain.

6) Conduct testing according to the R. Voll method or ART. Ideally combine both methods. The results of the methods should have a high degree of correlation.

7) When testing according to R. Voll's method, use all KTI. Many the points will return to the normal corridor. Typically, there will be CTI units with a "falling arrow" effect. These points are of greatest interest and reflect the source of the disease.

8) When testing by VRT, you will find changes in indices. Testing by filtration through organopreparations will reveal the key of the disease.

9) Using the identified organopreparation, you can identify the etiology, nosodes, suitable remedies.

10) If more than one organ is identified, then the causal investigative connections.

11) The EPT recipe is tested in the same way.

12) When a therapeutic recipe is assembled, retest the indices. The indices should go down.

13) If you have time, test the recipe using R. Voll's method. Indicators according to R. Voll should improve or completely normalize.

#### Treatment

Do not change the position of the Gain knob. Use the value previously obtained for diagnostics.

Granules, drops and drugs are prescribed according to the scheme. While creating electronic drugs, it is important not to change the potency value when the records. selected original drugs should be rewritten from the established value of taking into account the Gain.

BRT can be passed through hand and foot electrodes without changing the Gain setting. When conducting BRT by BAP, use the law of 5 elements.

Perform therapy with the identified frequencies using the UMT.

## results

The indices tested at the level should go down.

When the patient comes back (after 1–3 weeks), the presence of hidden levels should be retested. With successful treatment, the detectable level should be close to 7.

If you identify a new hidden level, test on it. The goal is to consistently bring the patient's condition to the absence of hidden levels.

The hidden levels research technique is suitable for professionals with experience. It is more time-consuming, but in difficult cases it provides previously unknown necessary information.

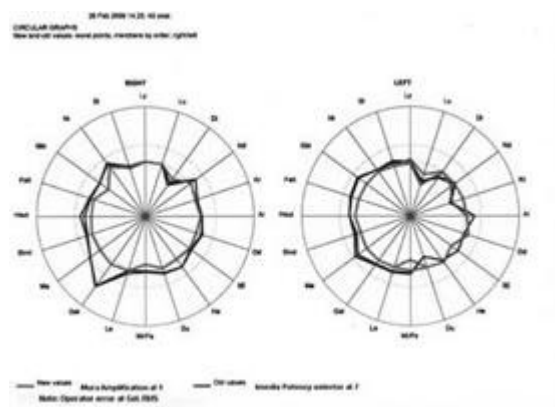
Examples of

Here I give examples based on cases from practice in the last two

of the year.

### Example 1

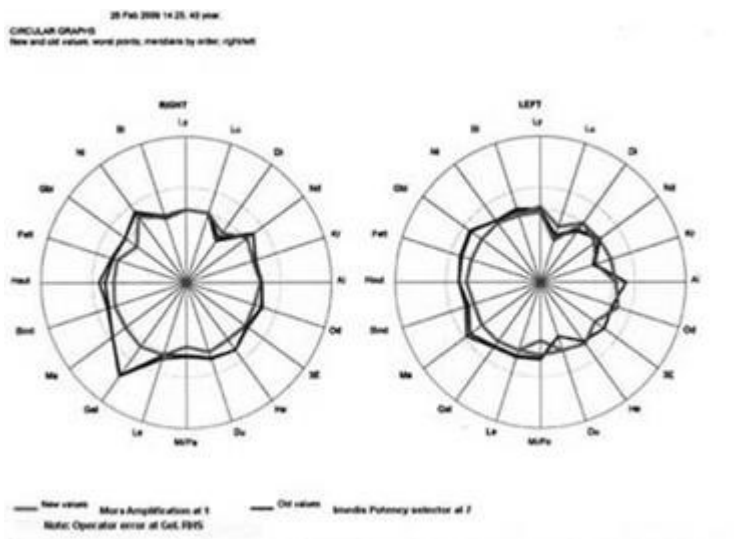
In the diagram (Fig. 1), I compare the results of measurements of the KTI on the device "IMEDIS" and "Mora Super".



Rice. one

The measurements were carried out with the "amplification factor" knob set to 7 for the IMEDIS apparatus and the signal amplification by 1 (normal value) for the Mora apparatus.

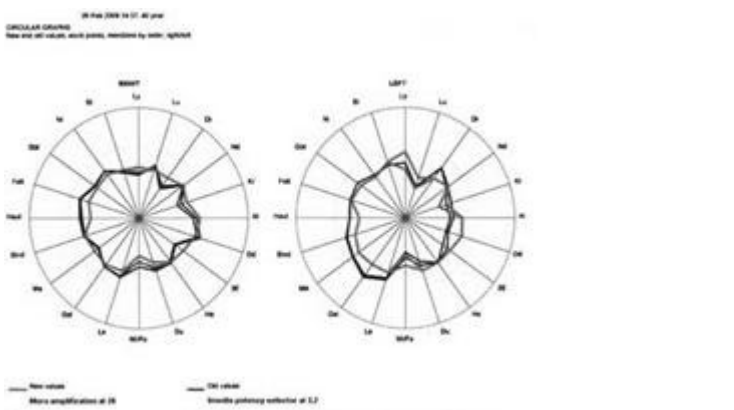
High values at KTI Su are caused by operator error. The rest of the values, despite the slight difference, are fundamentally close.



Rice. 2

These graphs (Fig. 2) show a comparison of the results of measurements by the QTY at the position of the KU knob at 7 (dark line) and 3.2.

We observe a slight decrease in the measured values on the Lung CCI on the left and a noticeable change on the Spleen CCI on the left.



Rice. 3

In fig. 3 shows the difference in the results of measurements on the IMEDIS apparatus at KU 3.2 and the Mora apparatus at a gain of 28.

There is a significant difference observed when comparing measurements on two devices in the presence of the "arrow falling" effect on the Lymphatic CTE on the left.

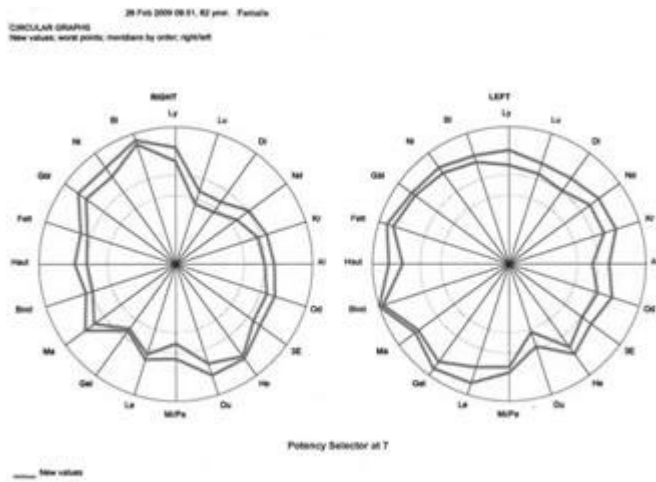
Other slight differences in measured values may arise due to different stylus designs and equipment specifications.

The diagrams below represent a patient diagnosed with carcinoma of the left lung. A significant "drop of the arrow" on the TI of the bronchus on the left is manifested only at this level, and is not detected in the usual diagnosis by R. Voll. "Falling arrow" on the meridian of the lymphatic system with the localization of fungal infection in the tubal tonsil.

### Example 2

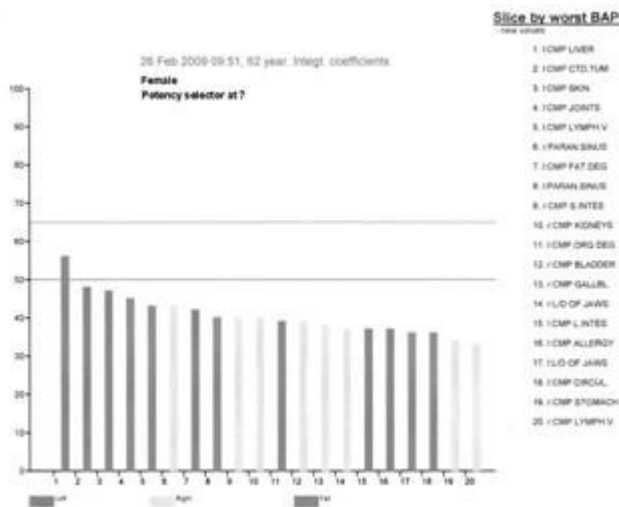
In this case, all measurements were carried out on the IMEDIS apparatus.

The patient, 62 years old, came for a routine diagnosis, no complaints.



Rice. 4

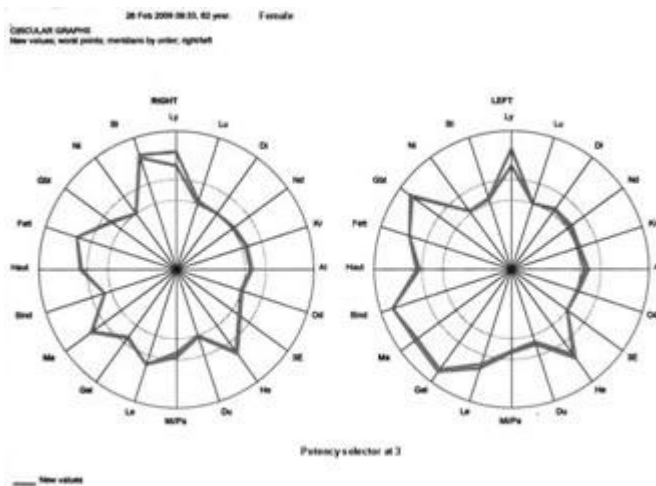
The pie charts (Fig. 4) show the results of measurements by the QTY. These diagrams illustrate well my thesis about chaotic measurement results. Characteristically, with such values, it is almost impossible to understand the patient's condition. At all KTI there is a "fall of the arrow" for no apparent reason. The patient reports good health. In many similar cases, I found a correlation with geopathogenic or electromagnetic load, but not in this case.



Rice. five

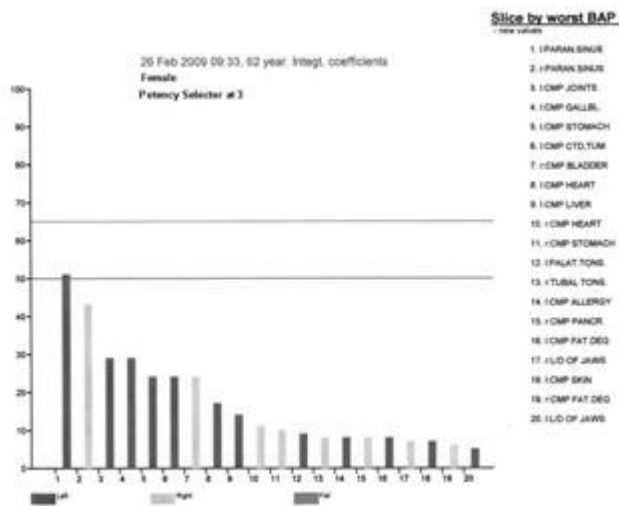
A cut at the worst points (Fig. 5) indicates the liver. The initial data indicate the need for correction of almost every organ.

Such measurement results are quite common and do not give the doctor information on where to start treatment.



Rice. 6

The pie charts shown in Fig. 6, were obtained when the KU handle is set to 3.0. We observe that most of the measured values decreased, disappeared "falls of arrows", per exception meridian the lymphatic system.



Rice. 7

A cut at the worst points (Fig. 7) clearly indicates the paranasal sinuses. The sinuses are a hidden focus.

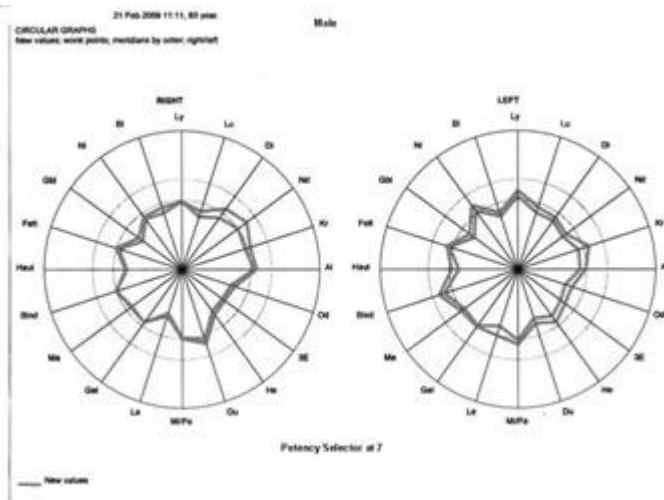
The patient is a hairdresser and has been exposed to chemicals for many years. When interviewed, the patient recognized a slight irritation in the nose, which she did not pay attention to. During drug testing, it was found that the cause of the development of the focus is not chemicals, but latent or residual bacterial infections.

The lesion was confirmed; when testing by the ART method, indications of bacterial burden were revealed. The nosodes Staphylococcus D6 and Peptostreptococcus D6 restored the value on the CTI within the Voll norm corridor.

Without an understanding of the hidden levels, it would be difficult to reach the cause of the disease, which would lead to unnecessary treatment. The hidden level was

the key to the detection of the focus, which gave the information burden of the whole organism.

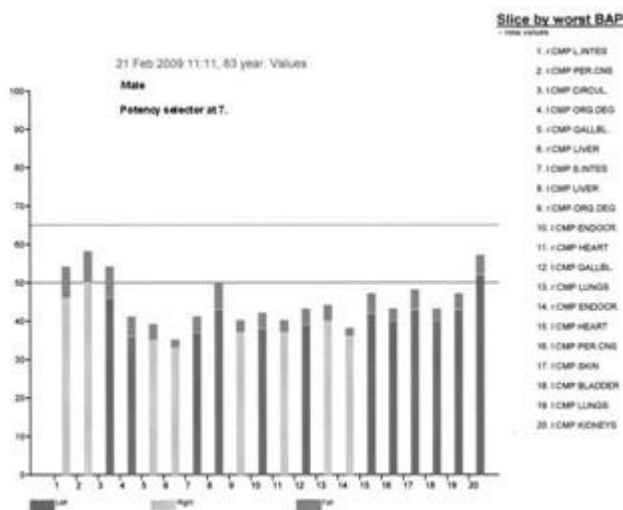
Example 3



Rice. eight

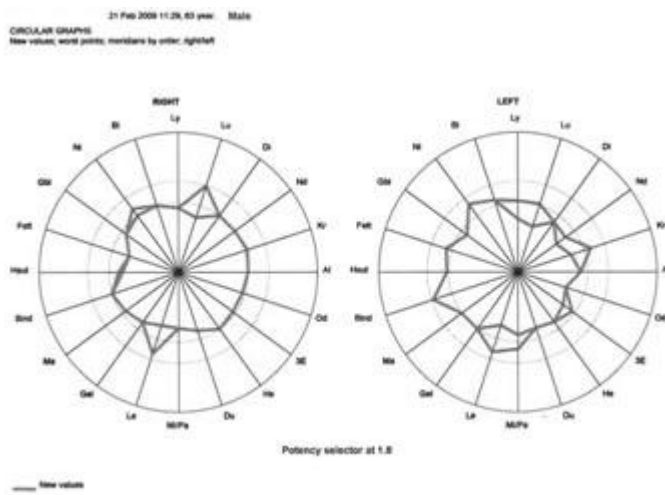
Male, 63 years old.

The surface data on the QTI (Fig. 8) have low values at most points and a "drop arrow" at the points on the left side. There is no geopathogenic and electromagnetic load. The presence of a focus is possible.



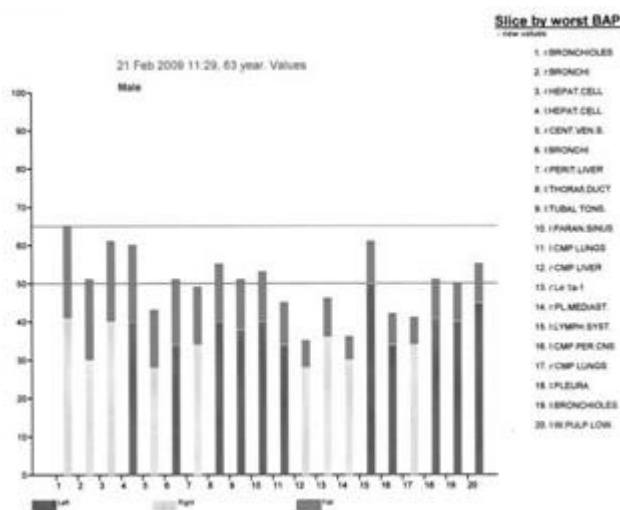
Rice. nine

A section at the worst points (Fig. 9) indicates the large intestine.



Rice. 10

When searching for a hidden level, the CO value is set to 1.8, while a fundamentally different picture is observed. We are witnessing large "arrow falls" on the CTE of the Lungs, Liver, and Lymphatic System.



Rice. eleven

A cut at the worst points (Fig. 11) indicates the lungs and liver.

The patient has lung carcinoma with liver metastases. The baseline data did not provide any meaningful information, and the doctor might not detect the presence of a tumor in the patient.

"Falling arrow" on the CTE The lungs on the left are connected with the paranasal sinuses. The nosode aflatoxin (a known carcinogenic fungus) corrected this point as well as the values at the liver points. It is unlikely that mono treatment with this nosode will heal cancer, but it is just as unlikely to overcome cancer without removing the traces of this fungus.

### Conclusion

The human body hides some of the information from conventional methods of electropuncture diagnostics. The method proposed by me removes this problem, allowing the doctor to receive information about the underlying causes.



disease of the patient. Experience shows that treatment of deep hidden layers significantly improves treatment results.

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A. Scott-Morley Diagnostic Problems

"IMEDIS", 2009, v.2 - p.38-49